SLD Invoice Number	2876459				
Invoice Line Number	938058	9380589			
Service Provider Name	Affiniti,	Affiniti, LLC			
Service Provider SPIN	143037	'344			
Service Provider Invoice #	Affiniti				
Undiscounted Invoice Amount	\$1,467	.50			
Discounted Invoice Amount	\$293.5	0			
Applicant Name	COLEN	1AN I	INDEP SCHOOL DISTRICT		
Representative / Contact Name	Paul M	artin			
Representative / Contact Title	Technology Director				
Representative / Contact Phone	325-625-3575 Ex. 413				
Billed Entity Number (BEN)	141157				
471 Number	171039790				
FRN	1799089884				
Date Goods/Services Delivered	09/01/2017				
Date Goods/Services were or will be Installed					
Date Applicant Portion Paid and Check No. or Date will be Paid	09/11/2017 Check number 032638				
This is to certify that I am authorized to represent the above named Applicant. This is also to certify the services described on the attached vendor invoice were delivered and/or installed as indicated by the date(s) above.		Or	The charges represented by the above represented invoice are deposits or up-front charges for services, which have not been delivered, and have been agreed to based on the contract between the above referenced Applicant and Service Provider		
Copy of <u>detailed</u> vendor invoice must be atta Contract with Service Provider above is for Delivery only Yes X No Delivery and Installation Yes No	ached. Copy of supporting contract must be atta indicated below				

Revised 08/27/2012

10/30/2018

Signed:

Signed:

SLD Invoice Number	2876459
Invoice Line Number	9380590
Service Provider Name	Affiniti, LLC
Service Provider SPIN	143037344
Service Provider Invoice #	Affiniti
Undiscounted Invoice Amount	\$1,467.50
Discounted Invoice Amount	\$293.50

Applicant Name	COLEMAN INDEP SCHOOL DISTRICT	
Representative / Contact Name	Paul Martin	
Representative / Contact Title	Technology Director	
Representative / Contact Phone	325-625-3575 Ex. 413	
Billed Entity Number (BEN)	141157	
471 Number	171039790	
FRN	1799089884	
Date Goods/Services Delivered	10/01/2017	
Date Goods/Services were or will be Installed		
Date Applicant Portion Paid and Check No. or Date will be Paid	10/10/2017 Check number 032795	
This is to certify that I am authorized to repres	ent the Or The charges represented by the above represented	

to based on the contract between the above referenced delivered and/or installed as indicated by the date(s) Applicant and Service Provider above. Copy of supporting contract must be attached if Copy of detailed vendor invoice must be attached. indicated below Contract with Service Provider above is for Yes \_X\_ No **Delivery only** NO Supporting Contract Required YES Delivery and Installation Yes No Signed: Signed: 10/30/2018 Date: Date:

Revised 08/27/2012

above named Applicant. This is also to certify the

services described on the attached vendor invoice were

Schools and Library Division (USAC)

invoice are deposits or up-front charges for services,

which have not been delivered, and have been agreed

SLD Invoice Number	2876459	
Invoice Line Number	9380591	
Service Provider Name	Affiniti, LLC	
Service Provider SPIN	143037344	
Service Provider Invoice #	Affiniti	
Undiscounted Invoice Amount	\$1,467.50	
Discounted Invoice Amount	\$293.50	
Applicant Name	COLEMAN INDEP SCHOOL DISTRICT	
Representative / Contact Name	Paul Martin	

Applicant Name	COLEMAN INDEP SCHOOL DISTRICT	
Representative / Contact Name	Paul Martin	
Representative / Contact Title	Technology Director	
Representative / Contact Phone	325-625-3575 Ex. 413	
Billed Entity Number (BEN)	141157	
471 Number	171039790	
FRN	1799089884	
Date Goods/Services Delivered	11/01/2017	
Date Goods/Services were or will be Installed		
Date Applicant Portion Paid and Check No. or Date will be Paid	11/08/2017 Check number 032989	
This is to certify that I am authorized to represent the Or The charges represented by the above represented		

above named Applicant. This is also to certify the services described on the attached vendor invoice were delivered and/or installed as indicated by the date(s) above.	Oi	invoice are deposits or up-front charges for services, which have not been delivered, and have been agreed to based on the contract between the above referenced Applicant and Service Provider
Copy of <u>detailed</u> vendor invoice must be attached.  Contract with Service Provider above is for		Copy of <u>supporting contract</u> must be attached if indicated below
Delivery only Yes _X_ No		
Delivery and Installation Yes No		Supporting Contract Required YES NO
Signed: Hand Mark		Signed:
Date: 10/30/2018		Date:

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Schools and Library Division (USAC)

SLD Invoice Number	2876459
Invoice Line Number	9380592
Service Provider Name	Affiniti, LLC
Service Provider SPIN	143037344
Service Provider Invoice #	Affiniti
Undiscounted Invoice Amount	\$1,467.50
Discounted Invoice Amount	\$293.50

Applicant Name	COLEMAN INDEP SCHOOL DISTRICT
Representative / Contact Name	Paul Martin
Representative / Contact Title	Technology Director
Representative / Contact Phone	325-625-3575 Ex. 413
Billed Entity Number (BEN)	141157
471 Number	171039790
FRN	1799089884
Date Goods/Services Delivered	12/01/2017
Date Goods/Services were or will be Installed	
Date Applicant Portion Paid and Check No. or Date will be Paid	12/07/2017 Check number 033305
This is to certify that I am authorized to represe	ent the Or The charges represented by the above represented

to based on the contract between the above referenced delivered and/or installed as indicated by the date(s) Applicant and Service Provider above. Copy of supporting contract must be attached if Copy of detailed vendor invoice must be attached. indicated below Contract with Service Provider above is for Delivery only Yes X\_ No \_\_ Supporting Contract Required YES NO Delivery and Installation Yes Signed: Signed: Date: 10/30/2018\_ Date:

Revised 08/27/2012

above named Applicant. This is also to certify the

services described on the attached vendor invoice were

Schools and Library Division (USAC)

invoice are deposits or up-front charges for services,

which have not been delivered, and have been agreed

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SLD Invoice Number	287645	2876459			
Invoice Line Number	938059	9380593			
Service Provider Name	Affiniti,	Affiniti, LLC			
Service Provider SPIN	143037	344			
Service Provider Invoice #	Affiniti				
Undiscounted Invoice Amount	\$1,467	50			
Discounted Invoice Amount	\$293.5	0			
Applicant Name	COLEM	ian i	NDEP SCHOOL DISTRICT		
Representative / Contact Name	Paul Ma	artin			
Representative / Contact Title	Techno	Technology Director			
Representative / Contact Phone	325-625-3575 Ex. 413				
Billed Entity Number (BEN)	141157				
471 Number	171039790				
FRN	1799089884				
Date Goods/Services Delivered	01/01/2018				
Date Goods/Services were or will be Installed					
Date Applicant Portion Paid and Check No. or Date will be Paid	01/10/201		Check number 033507		
This is to certify that I am authorized to represent the above named Applicant. This is also to certify the services described on the attached vendor invoice were delivered and/or installed as indicated by the date(s) above.		Or	The charges represented by the above represented invoice are deposits or up-front charges for services, which have not been delivered, and have been agreed to based on the contract between the above referenced Applicant and Service Provider		
Copy of detailed vendor invoice must be att Contract with Service Provider above is for Delivery only Yes X No Delivery and Installation Yes No			Copy of <u>supporting contract</u> must be attached if indicated below  Supporting Contract Required YESNO		
Signed: Paul Man			Signed:		

Date: 10/ Revised 08/27/2012

10/30/2018

Schools and Library Division (USAC)

SLD Invoice Number	287645	2876459		
Invoice Line Number	938059	9380594		
Service Provider Name	Affiniti,	LLC		
Service Provider SPIN	143037	344		
Service Provider Invoice #	Affiniti			
Undiscounted Invoice Amount	\$1,467.	50		
Discounted Invoice Amount	\$293.50	)		
Applicant Name	COLEM	AN I	NDEP SCHOOL DISTRICT	
Representative / Contact Name	Paul Ma	artin		
Representative / Contact Title	Technology Director			
Representative / Contact Phone	325-625-3575 Ex. 413			
Billed Entity Number (BEN)	141157			
471 Number	171039790			
FRN	1799089884			
Date Goods/Services Delivered	02/01/2018			
Date Goods/Services were or will be Installed				
Date Applicant Portion Paid and Check No. or Date will be Paid	02/07/2	02/07/2018 Check number 033692		
This is to certify that I am authorized to represent the above named Applicant. This is also to certify the services described on the attached vendor invoice were delivered and/or installed as indicated by the date(s) above.		Or	The charges represented by the above represented invoice are deposits or up-front charges for services, which have not been delivered, and have been agreed to based on the contract between the above referenced Applicant and Service Provider	
Copy of detailed vendor invoice must be attended to the Contract with Service Provider above is for Delivery only Yes X No Delivery and Installation Yes No			Copy of <u>supporting contract</u> must be attached if indicated below  Supporting Contract Required YESNO	
Signed: Tan Man	X		Signed:	

Revised 08/27/2012

Date:

10/30/2018

***				
SLD Invoice Number	2876459			
Invoice Line Number	9380595			
Service Provider Name	Affiniti,	LLC		
Service Provider SPIN	143037	344		
Service Provider Invoice #	Affiniti			
Undiscounted Invoice Amount	\$1,467.	.50		
Discounted Invoice Amount	\$293.5	0		
Applicant Name	COLEM	1AN I	NDEP SCHOOL DISTRICT	
Representative / Contact Name	Paul Ma	artin		
Representative / Contact Title	Technology Director			
Representative / Contact Phone	325-625-3575 Ex. 413			
Billed Entity Number (BEN)	141157			
471 Number	171039790			
FRN	1799089884			
Date Goods/Services Delivered	03/01/2018			
Date Goods/Services were or will be Installed				
Date Applicant Portion Paid and Check No. or Date will be Paid	03/08/2018 Check number 033899			
This is to certify that I am authorized to represent the above named Applicant. This is also to certify the services described on the attached vendor invoice wer delivered and/or installed as indicated by the date(s) above.  Copy of detailed vendor invoice must be attached.		Or	The charges represented by the above represented invoice are deposits or up-front charges for services, which have not been delivered, and have been agreed to based on the contract between the above referenced Applicant and Service Provider  Copy of supporting contract must be attached if	
Contract with Service Provider above is for			indicated below  Supporting Contract Required YES NO	
Signed: Paul Manh			Signed:	

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Date:

10/30/2018

Service Certification for SLD invoices		
SLD Invoice Number	2876459	
Invoice Line Number	9380596	
Service Provider Name	Affiniti, LLC	
Service Provider SPIN	143037344	
Service Provider Invoice #	Affiniti	
Undiscounted Invoice Amount	\$1,467.50	
Discounted Invoice Amount	\$293.50	
Applicant Name	COLEMAN INDEP SCHOOL DISTRICT	
Representative / Contact Name	Paul Martin	
Representative / Contact Title	Technology Director	
Representative / Contact Phone	325-625-3575 Ex. 413	

141157 Billed Entity Number (BEN) 171039790 471 Number 1799089884 FRN 04/01/2018 Date Goods/Services Delivered Date Goods/Services were or will be Installed 04/10/2018 Check number 034068 Date Applicant Portion Paid and Check No. or Date will be Paid The charges represented by the above represented This is to certify that I am authorized to represent the invoice are deposits or up-front charges for services, above named Applicant. This is also to certify the which have not been delivered, and have been agreed services described on the attached vendor invoice were to based on the contract between the above referenced delivered and/or installed as indicated by the date(s) Applicant and Service Provider above. Copy of supporting contract must be attached if Copy of detailed vendor invoice must be attached. indicated below Contract with Service Provider above is for **Delivery only** Yes X No Supporting Contract Required YES NO Delivery and Installation Yes No Signed: Signed: Date: 10/30/2018

	,				
SLD Invoice Number	2876459				
Invoice Line Number	9380597				
Service Provider Name	Affiniti, LLC				
Service Provider SPIN	143037344				
Service Provider Invoice #	Affiniti				
Undiscounted Invoice Amount	\$1,467.50				
Discounted Invoice Amount	\$293.50				
Applicant Name	COLEMAN INDEP SCHOOL DISTRICT				
Representative / Contact Name	Paul Martin				
	Technology Director				
Representative / Contact Title	325-625-3575 Ex. 413				
Representative / Contact Phone	141157				
Billed Entity Number (BEN)					
471 Number	171039790				
FRN	1799089884				
Date Goods/Services Delivered	05/01/2018				
Date Goods/Services were or will be Installed					
Date Applicant Portion Paid and Check No. or Date will be Paid	06/06/2018 Check number 031349				
This is to certify that I am authorized to represe above named Applicant. This is also to certify services described on the attached vendor invo delivered and/or installed as indicated by the dabove.	the ice were	he invoice are deposits or up-front charges for ser which have not been delivered, and have been		d	
Copy of <u>detailed</u> vendor invoice must be attached Contract with Service Provider above is for Delivery only  Yes _X_ No			Copy of supporting contract must be attached if indicated below		
Delivery and Installation Yes No			Supporting Contract Required YESNO	_	
Signed: Carl Mast	>		Signed:		

Revised 08/27/2012

10/30/2018